

**CASE PRACTICE WORKGROUP PRINCIPLES AND RECOMMENDATIONS  
FORMATTED INTO TEMPLATE**

**RECOMMENDED PRIORITIES OF ALL THE RECOMMENDATIONS  
THE WORK GROUP HAS COME UP WITH, WHICH 3-4 DOES THE  
GROUP VIEW AS THE MOST IMPORTANT, AND WHY?**

<b>Priority</b>	<b>Why is it most important</b>	<b>Links to core/values/mission/ vision/settlement agreement guiding principle</b>
<b>Standardized procedures for child protection investigations</b> a) Centralized screening b) Investigations separate and specialized	<b>Uniformity of intake process; consistent information gathered for social history; permits better management of intake level and resources</b>	<b>Safety of children is paramount; promoting the safety, permanency and well-being of children; system is responsible and accountable</b>
<b>Joint decision-making and the “family team” approach should be utilized for case planning and to promote permanency for children.</b>	<b>Engages and empowers the family; allows family to use their identified support system as part of the team; shared responsibility for meeting child and family’s needs; wider variety of community support and neighborhood involvement</b>	<b>Children live in safe, nurturing and stable families; families and communities are partners in decision making; children and families are best served in a collaborative and strength-based system; every child deserves to live in a permanent home; and families will be able to identify their own strengths and needs; system will ensure optimal physical and mental health, well being and preparation to become responsible and productive adults; decisions about children in out-of-home care should be made with input from children and families.</b>
<b>Case management should have as few disruptions as possible by having the team involve specialized support to provide technical and expert assistance.</b>	<b>Facilitates relationship and trust between family and case manager; continuity of planning and services; ensures integrity and investment of case manager into the plan and family</b>	<b>Children best served in collaborative and strength based system; families and communities will be partners in decision making; system will promote safety, permanency and well being of children by building partnerships; system will ensure optimal physical and mental health, well being and preparation to become responsible and productive adults; children in out of home care should be protected from</b>

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<b>Priority</b>	<b>Why is it most important</b>	<b>Links to core/values/mission/vision/settlement agreement guiding principle</b>
		<b>harm; system should have infrastructure, resources and policies needed to serve the best interest of children.</b>
<b>Provide unified assessment tool, assessment process, and case planning.</b>	<b>Reduces paperwork, duplicative planning and services; ensures information sharing, communication and uniformity; provides history of the family; reinforces the team approach</b>	<b>System will ensure optimal physical and mental health, well being and preparation to become responsible and productive adults; building partnerships with families and communities to promote safety permanency and well being; system will be responsive, culturally competent, accountable, and focused upon continuous quality improvement; system should have infrastructure, resources and policies needed to serve the best interest of children.</b>

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***FINDINGS AND RECOMMENDATIONS IN PRIORITY ORDER – FOR EACH ISSUE ADDRESSED:*** *(There should be several issues and each need to be flushed out in each of the following areas. The template will expand for each issue.)*

**1. Issue:**

The system has no uniform screening system to handle calls, reports, and inquiries.

Findings about how things work now:

- ◆ Screening calls and reports is handled differently in different offices—some staff are specially dedicated for screening in offices or regions, and other offices have staff with multiple duties performing screening duties
- ◆ Decision making about screening is inconsistent, with no identified standards for determining what type of response is needed for calls.
- ◆ No data is captured regarding the number of calls, types of response needed and identified, or the outcomes.

Proposed Direction – from Best Practices

- ◆ Centralize screening into one State Central Registry with specially trained staff to answer and assess all calls and reports to DYFS.
- ◆ Develop one set of standards for determining the required or needed response to a call or report.
- ◆ Clear data and management reports detailing how each call was answered, assessed and directed.
- ◆ Provide method to digitally record all calls and reports to DYFS to provide an accurate record, ensure professional response, and serve as a basis for continuous quality improvement strategies (such as training).

**Recommendation**

Identify location, staff, management, technology and methodology for 24/7 operation to handle the screening of all calls. This requires designing a tool for gathering information, and determining protocol for case management and service referrals.

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- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: March 1, 2004
- ◆ Data needed to monitor:
  - Number of calls and reports by hour and geographical location
  - Average length of call
  - Number of hang-up or discontinued calls
  - Breakdown by type of call (wrong number, information request, complaint, allegation of abuse and neglect, etc.)
  - Number of calls not answered immediately and average wait time
  - Number of calls requiring non-English language communication and type of language or method requested for each call
  - Average time between completion of screening call and transmittal to investigative worker, on-going worker and/or community agency
  - Number of calls that were initially answered by supervisory or clerical staff as back-up function
- ◆ Resources needed:
  - ✓ Staffing – Sufficient staff to respond to all calls
  - ✓ Services – Child protection investigators, on-going case managers, and community organizations trained to respond to needs identified in calls and reports
  - ✓ Information Technology –
    - Automated screening tool that can be transmitted electronically as needed, and is linked to a data management system to capture data needed to monitor the system.
    - Telephone system that is user friendly and distributes calls, provides data about calls, identifies calls waiting to be answered at certain intervals (30 seconds, 60 seconds, etc.), and records all calls.
    - Battery back-up system in event of power shortage or other emergency.
- ◆ Identify legally enforceable items
  - ✓ Percentage of calls not answered within 60 seconds
  - ✓ Timely transmittal of all cases for appropriate response

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ Develop a staffing plan for 24/7 coverage, including bilingual and TDD

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- ◆ Design clear definitions and response protocols for calls and reports, including standards for what criteria are necessary to refer a call or report for a child abuse and neglect investigation, on-going case management services, and direct community referral.
- ◆ Train central registry staff on the investigation system, emergency responses, and other referral and service options.
- ◆ Develop a protocol manual that details the flow of a call or report, including transmittal and tracking.

**2. Issue:**

The system does not have forensically trained staff to investigate abuse and neglect allegations.

Findings about how things work now:

- ◆ Investigations are conducted by a wide variety of staff with vastly different experiences, skill levels and training.
- ◆ Child abuse and neglect investigations overlap with child welfare or service referrals, which create confusion and a lack of focus on investigation techniques.
- ◆ Inconsistency in required contacts with family, collaterals, reporter, etc. during an investigation.
- ◆ Inconsistency in making findings into the three current categories for investigations—substantiated, not substantiated or unfounded. This results in a large number of “middle ground” conclusions as “not substantiated.”
- ◆ Emergency removal of a child from the family’s home is inconsistent and sometimes arbitrary.

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Proposed Direction – from Best Practices

- ◆ Create specific investigative units that only investigate allegations of abuse and neglect. Investigators should be specially trained to engage families, conduct forensic interviews, gather and maintain evidence, and utilize safety assessments and safety plans to identify and alleviate immediate areas of concern.
- ◆ All investigations must be completed and the findings provided to the appropriate parties within 60 days, unless an extension is granted for special circumstances.
- ◆ Mandate specified contacts for each type of child abuse and neglect allegation, including medical, law enforcement, family, reporter, neighbors, and other collaterals.
- ◆ Eliminate the “not substantiated” category to provide either a substantiated or unfounded category for each investigation.
- ◆ Provide clear standards on the documentation and evidence required to substantiate each type of child abuse and neglect allegation.
- ◆ Determine clear standards about the circumstances requiring removal of a child from the family’s home during the course of an investigation.
- ◆ Eliminate the voluntary placement/informed consent so that workers are focused on controlling and resolving safety and risk issues in the home.
- ◆ Strengthen training on using safety assessments and designing safety plans to help ensure consistency for placement decisions.

**Recommendation**

Create specially-trained staff to conduct all investigations of allegations of child abuse and neglect with clear protocols for each type of abuse. Eliminate “not

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substantiated” category for investigations, and the informed consent/ voluntary placement option for DYFS.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: June 2004
- ◆ Data needed to monitor:
  - Number of referrals for investigation by office per month
  - Number of investigations completed by office per month
  - Rate of substantiation by office and investigator per month
  - Daily report of allegations where initial contact with alleged victims was not conducted within 24 hours from time of call/allegation
  - Daily report of any investigations more than 30, 45, and 60 days without a finding
  - Monthly report of families with three or more subsequent reports of allegations of abuse and neglect
- ◆ Resources needed:
  - ✓ Staffing – sufficient for 10-12 investigations per worker per month
  - ✓ Services –
    - community-based in-home services to address areas of concern identified in safety assessments
    - resource families to facilitate placement when necessary
  - ✓ Information Technology –
    - automated safety assessment tool
    - web-based resource and service directory
    - ability to access technology to conduct background checks 24-hours/7-days a week
    - tools to allow reporting and communication to occur in the field (such as wireless laptops, PDA's)
- ◆ Identify legally enforceable items
  - ✓ 60 day completion of investigations
  - ✓ Timely notification of the final finding to subjects of the report

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ Create a central registry with standardized intake
- ◆ Design specific training focusing on investigative techniques

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- ◆ Promulgate regulations to define required investigative activities and criteria for either substantiated or unfounded finding (eliminate “not substantiated” as a finding)
- ◆ Eliminate informed consents/voluntary placements
- ◆ Train staff on safety assessments and planning
- ◆ Develop intensive, in-home services and resource families to implement safety plans

**3. Issue:**

Family team decision making is not utilized in current case practice—except for limited circumstances. Most, if not all, staff members in DYFS offices and private agencies are not skilled or available to participate, facilitate and document in joint decision-making and team processes that center on the strengths, needs and convenience of the family.

Findings about how things work now:

- ◆ Decisions about case planning for children and families are largely made by the case manager with little or no input from the child or family and some input from the provider agencies or professionals.
- ◆ The only example of joint decision making or the family team approach in DYFS is Family Group Conferencing, which is used in each region in a limited number of cases after the decision to place the child has been made.
- ◆ Another example of joint decision making and the family team approach is found in the Partnership for Children model that uses Child and Family Team Meetings to guide case planning and management.
- ◆ Due to the high number of cases and lack of training on the methodology and skills for DYFS staff, very little time is spent on engaging families and having them direct case planning and management.

Proposed Direction – from Best Practices



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- ◆ Children and families must have a thorough and comprehensive assessment of all life domains, which becomes the basis for the first family team meeting. The continuous assessment process informs the subsequent family team meetings and resulting case plans. (See Issue 8 for more discussion)
- ◆ Families must identify their informal and formal support networks to participate in the joint decision making and family team process. This permits the families and team members to identify strengths and needs that drive the case planning.
- ◆ Services and funding must be flexible to meet these needs and maximize strengths.
- ◆ Case decisions, including placement, must be made with this model except in emergency and potential legal conflict situations.
- ◆ Family team and conference models must utilize a highly-skilled and trained facilitator—some jurisdictions use agency staff and others use “neutral” or outside parties to facilitate. Facilitation may include the scheduling and logistics of gathering the entire family team for each meeting by either the facilitator or some other administrative.
- ◆ Family team meetings or conferences should occur on a regular basis, including key decision points in a case and anytime that the child or family requests one.
- ◆ Children and families need flexible after-care plans and services.

**Recommendation**

Staff in DYFS and all contracted agencies must be initially trained and receive on-going coaching about the philosophy and how to participate, facilitate, and manage joint decision making and the family team approach. The implementation should happen in pilot areas with targeted dates for full implementation across the state.

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- ◆ Lead Responsibility: DYFS and/or contracted agency
- ◆ Target Date to complete:
  - Training of all DYFS and agency staff - September 2004;
  - 8 pilot community/DO sites with on-going coaching – September 2004;
  - 12 additional pilot sites - March 2005;
  - full implementation in all sites – September 2005.
- ◆ Data needed to monitor:
  - Completion of initial trainings
  - Frequency of family team meetings per case
  - Frequency of changes to case plan during or after a family team meeting
  - Number of informal and formal support individuals attending family team meetings
  - CFSR and other outcome data to determine progress and impact in pilot areas
  - Results from surveys and focus groups of children, families and stakeholders about their experiences, opinions and satisfaction with the process
- ◆ Resources needed:
  - ✓ Staffing –
    - Staff or providers to train on the model;
    - Staff or providers to facilitate the model;
    - Staff with enough time to implement the joint decision making and family team approach model.
  - ✓ Services –
    - Training, facilitation, and coaching service to implement the process.
    - Agencies or individuals who can provide on-going strengths and needs assessments for families and communities.
    - Children and families will need an array of flexible, accessible and effective services and supports to meet the needs identified in the process.
  - ✓ Information Technology –
    - Tracking system for implementation process
    - Data management system that can be used both internally and externally to gather data about the team meetings (frequency, changes to case plans, attendees, etc.)
    - Data system that will monitor the cases with family team meetings and any changes or progress on identified outcomes (CFSR, etc.)

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- Electronic case plans that can be easily and readily changed, understood and transmitted to all parties and stakeholders (see Issues 8 and 9)
- ◆ Identify legally enforceable items
  - ✓ Timeline of pilot program—training, implementation, evaluation benchmarks.
  - ✓ Rate of improvement in outcomes for cases with family team meetings.
  - ✓ Case plans that clearly document family involvement.

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ Evaluate the joint decision making and team process models across the country to decide the design for facilitation and protocols.
- ◆ Determine guidelines for an RFP for a planning, training, implementation, and support process.
- ◆ Assess the prospective communities for needs and assets to determine pilot sites.
- ◆ Begin wide-spread education campaign with providers, schools, courts and other system stakeholders to introduce the model and bring them into the planning process.
- ◆ Work with OIT to build data tracking and management system to support the implementation and evaluation of the model.
- ◆ Develop network of community-based agencies that can provide after-care services.

**4. Issue:**

The current caseload size in DYFS prohibits the implementation of joint decision making and the family team approach.

Findings about how things work now:

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- ◆ Caseload size varies from worker to worker and from office to office.
- ◆ Cases are assigned largely by a rotation system that does not account for important variables, such as the staff member's current caseload size, family strengths, needs or risk, geographical considerations, etc.
- ◆ Difficult cases are often assigned to the more experienced or skilled staff, which distorts their workload.
- ◆ Some offices have specialty caseloads and others have blended, including every type of case from intake to residential placement to family support.
- ◆ Caseload size is generally smaller for staff in the Adoption Resource Centers.
- ◆ There is little or no control over the types and amount of cases that are accepted for services in DYFS, and no standard protocol across the system for case closing criteria—both of which fluctuate given external forces like media attention.

**Proposed Direction – from Best Practices**

- ◆ Caseload size must reflect a manageable number of children that consider each child's strengths, needs, risk and geographical considerations.
- ◆ Caseload size must also consider the demands and functions of the type of case, such as investigations, in-home services, resource family placements, etc.
- ◆ The caseload standard for New Jersey must incorporate the specific requirements of the family team model for case practice.
- ◆ There are many recommendations for appropriate caseload size (such as CWLA, SORP, etc.)—none of which incorporate all the necessary considerations listed above and thus, the group could not agree upon a recommendation.

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**Recommendation**

The state must determine a caseload standard that supports the family team model. This will require hiring a significant number of more caseload carrying and supervisory staff to appropriately distribute cases in the system. In addition, the cases that can be closed and/or served in the community with services must also be addressed.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: September 2004
- ◆ Data needed to monitor:
  - Case load size data
  - Hiring plan and personnel fill level reports
  - Projected number of calls, number of reports requiring investigations, number of reports needing on-going case management and services, and number reports requiring direct community referrals
- ◆ Resources needed:
  - ✓ Staffing – Caseload carrying, supervisory and support positions to reflect the workload standard and case practice model
  - ✓ Services – Community-based in-home services to address needs of families that do not necessarily need intervention of the child protective services—substance abuse, domestic violence, housing, employment, mental health, etc.
  - ✓ Information Technology – accurate caseload data, personnel tracking systems, electronic forms to manage data and information, wireless tools that can be used in the field to better facilitate case management (wireless laptops, PDA's, etc.)
- ◆ Identify legally enforceable items
  - ✓ Progress on lowering the average caseload size at identified time periods (such as every 6 months)

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ Redesign the job specification for caseworkers to reflect the practice model.
- ◆ Create specially targeted recruitment and hiring processes to ensure full staffing levels.

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- ◆ Implement case closure process to include assigned staff to review and assess cases opened for more than 12 months of on-going case management services.
- ◆ Utilize community-based in-home resources to address family concerns and needs.

**5. Issue:**

All key stakeholders (families, DYFS staff, resource families, children's mental health system, contracted agencies, courts, schools, health professionals, etc.) need to accept, invest in and be trained in joint decision-making and the family team approach.

Findings about how things work now:

- ◆ DYFS and contracted agencies largely tell families what to do, and they make decisions in a vacuum with little or no input from children and families.
- ◆ Courts are generally not accepting of a team approach because it is perceived as infringing on judicial authority.
- ◆ Other agencies or government structures serving children are fragmented, do not communicate and do not agree on the best way to serve children and families.
- ◆ Agencies, schools and professionals usually do not prioritize or have the time to participate in case planning.
- ◆ Families consider DYFS punitive, resist the agency's efforts, and will be unlikely to cooperate with a DYFS process.
- ◆ The child welfare system engages in very little, if any, system-wide training efforts.

Proposed Direction – from Best Practices

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- ◆ Key stakeholders should be invited to form an implementation or advisory committee for the child welfare system.
- ◆ The system must speak the same language and “outsiders” will eventually come to the table.
- ◆ Time for case planning and attending team meetings must be built into expectations and/or contracts for all stakeholders in the child welfare system.
- ◆ The hours of operation for the system must become family-friendly.
- ◆ Resource families must be treated as true partners while working with birth families, providers, and other professionals.

**Recommendation**

Form a twenty-member implementation or advisory committee that includes all stakeholders and representatives from the child welfare system to lead a massive outreach effort to discuss and educate the system on the case practice model.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: Advisory/implementation committee – February 2004; outreach effort - September 2004
- ◆ Data needed to monitor:
  - Average number of participants in family team meetings
  - Number of complaints or external inquiries by community/office
  - Retention rate of resource families
  - Retention rate of case management staff
  - CFSR and other outcome data by community/office
  - Evaluation of outreach activities—media campaign, focus groups, surveys, etc.
- ◆ Resources needed:
  - ✓ Staffing – effective community liaisons to educate and train
  - ✓ Services – need broad array of community-based in-home services to implement the case plans developed for families
  - ✓ Information Technology – clear and concise electronic presentation on the case practice model to be used by community liaisons

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- ◆ Identify legally enforceable items
  - ✓ Contract design and monitoring system supports the case practice model
  - ✓ Availability of sufficient funding to develop the resources needed to support the key stakeholders and the case practice model

Major Strategies (***describe specific/concrete activities-actions***)

- ◆ Develop strategy for educating and training the stakeholders (use members of the workgroups, power point presentation, real case examples, “how this will look different to you,” etc.)
- ◆ Invite community partners and provider agencies to attend DYFS trainings.
- ◆ Develop contractual language to require attendance and participation in family team meetings.

**6. Issue:**

The generalist case manager approach requires staff that can easily access experts, specialists and professionals to consult with and/or participate in joint decision making and the family team approach.

Findings about how things work now:

- ◆ Cases are managed and transferred according to the convenience of the system rather than to meet the needs of children and families.
- ◆ Services are available and designed to the convenience of the system rather than to meet the needs of children and families.
- ◆ Experts, specialists and professionals do not generally participate in case planning and team meetings, focus solely on the issues contained in the referral, and often do not view themselves as partners or team members with DYFS.
- ◆ Services are not delivered or located in the community.

Proposed Direction – from Best Practices



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- ◆ Cases must be managed in a child-centered and family-focused manner to ensure trust between the family and case manager, and continuity and coordination of services.
- ◆ Increase capacity and availability of service experts in the community to meet the needs of children and families.
- ◆ Tailor services to address the needs identified in individualized service plans.
- ◆ Ensure that service providers, experts and professionals are partners in case planning—share information, participate in decision making, flexible funding, etc.
- ◆ Specific permanency needs must be addressed for youth in placement and/or aging out to ensure compliance with best practices and mandated federal timelines.

**Recommendation**

Require experts, professionals and specialists to deliver services in the community to meet the identified needs of children and families.

- ◆ Lead Responsibility: DYFS/DHS
- ◆ Target Date to complete: Performance-based contracting and monitoring matched with pilot sites for case practiced model implementation over 2 year period (September 2005).
- ◆ Data needed to monitor:
  - Average distance family travels to secure services by community
  - Number and type of participants in family team meetings by community
  - Number of newly developed or relocated services by community
  - Number of children over the age of 10 adopted, kinship legal guardianship, or other permanent plans by community/office
  - Number of children with life skills training and feasible education or vocational plans in place by community/office
- ◆ Resources needed:

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- ✓ Staffing – sufficient numbers of case managers
- ✓ Services –
  - Community-based services to address child and adult identified needs (substance abuse, domestic violence, housing, mental health services, employment)
  - Permanency services (documentation for guardianship, adoptive homes, adoption counseling, etc.)
  - Life skills and educational/vocational planning for aging-out youth
- ✓ Information Technology –
  - electronic information sharing and case plan to facilitate partnerships with community-based providers, professionals and experts
  - web-based resource and placement availability to facilitate service linkages
- ◆ Identify legally enforceable items
  - ✓ Number of community-based providers developed or re-located
  - ✓ Percentage of children receiving transitional living services

Major Strategies (***describe specific/concrete activities-actions***)

- ◆ Training staff and provider community on new roles and responsibilities
- ◆ Redesign contracting system to incorporate performance-based contracting and monitoring to ensure community-based service delivery
- ◆ Develop system to ensure youth 16 years and older receive meaningful transitional and aging out services
- ◆ Special recruitment efforts to develop adoptive homes for children over the age of 10 and sibling groups
- ◆ Conduct needs and asset mapping in each community to determine areas for capacity building

**7. Issue:**

Families are dynamic—they move to other locations and their needs change. Case managers also get promoted or leave for other positions. There will be circumstances that one case manager for the life of a case is not feasible. The protocol must ensure that cases are transferred in a manner that prevents trauma to the child and family, disruption of services and loss of information.

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Findings about how things work now:

- ◆ Cases are transferred for a variety of reasons without planning and coordination.
- ◆ Caseloads are left uncovered for large periods of time, which increase stress and demands on colleagues and supervisors.
- ◆ Services do not typically follow families during case transfers.
- ◆ Cases are transferred when adoption becomes the goal for a child.

Proposed Direction – from Best Practices

- ◆ Case transfers require a period of joint case management.
- ◆ Case transfers trigger the need for a family team meeting to determine a transition plan that includes the current and new case manager.
- ◆ New case managers need to provide a period of intensive case contact initially.
- ◆ Children and families must have continuity of services even when case managers change.
- ◆ All parties should be notified of any change in case management and service provision.

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**Recommendation**

After the investigation phase, children and families should experience few, if any, changes in case management. Develop protocol for those situations where case transfer is necessary.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: January 2005
- ◆ Data needed to monitor:
  - Number of children experiencing a change in case management by community
  - Number of children experiencing service disruptions by community
  - Number of case contacts for new case managers during first 90 days of assignment
  - Number of case left uncovered for more than 10 days per month by community
- ◆ Resources needed:
  - ✓ Staffing
    - sufficient case managers to ensure continuity
    - staff retention plan
  - ✓ Services – increase capacity to ensure continuity of services in each community
  - ✓ Information Technology – electronic case plan and information sharing capacity
- ◆ Identify legally enforceable items
  - ✓ None

Major Strategies (***describe specific/concrete activities-actions***)

- ◆ Develop staff retention plan.
- ◆ Performance-based contracting and monitoring to help ensure service continuity.
- ◆ Develop protocols and policies necessary to implement the recommendations about necessary case transfers.
- ◆ Develop full array of adoption and permanency supportive services to ensure compliance with best practices and federally-mandated timelines.

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**8. Issue:**

Joint decision making and family team approach requires children and families to have thorough and continuous assessments.

Findings about how things work now:

- ◆ In current case practice, thorough and continuous assessments do not occur.
- ◆ Families may only be provided services to address the presenting issue or problem.
- ◆ If an assessment occurs, it happens at the beginning of the child or family's involvement and is not updated during the life of the case.
- ◆ Staff and provider agencies are not trained in providing a comprehensive assessment process.

Proposed Direction – from Best Practices

- ◆ Children and families need comprehensive assessments on all life domains—not just the presenting problem.
- ◆ Initial assessments should occur immediately upon the family's involvement with any part of the child welfare system.
- ◆ Assessments should occur at regular intervals and when circumstances or dynamics of the family change.
- ◆ Uniform assessments should provide the direction for case planning.

**Recommendation**

There needs to be an instrument that can assess children and families on all life domain areas, and the tool must be applicable throughout the duration of a child and family's involvement with the child welfare system to direct case planning.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: Tool designed – June 2004; Implementation and training – November 2004

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- ◆ Data needed to monitor:
  - Number of assessments completed for each child and family in six months
  - Correlation between number of assessments in six months and progress towards accomplishing the goal for the family (reunification, adoption, independent living, etc.)
  - Percentage of children and families receiving an assessment within 30 days of involvement
- ◆ Resources needed:
  - ✓ Staffing – trained staff who can perform thorough, comprehensive and continuous assessments
  - ✓ Services – contracted agencies who also can perform the assessments
  - ✓ Information Technology – electronic or automated assessment tool that can provide data to monitor the frequency and quality of the assessments
- ◆ Identify legally enforceable items
  - ✓ None

**Major Strategies (*describe specific/concrete activities-actions*)**

- ◆ Collaborate with the children's mental health system and other system partners to develop the uniform assessment tool.
- ◆ Simultaneous implementation of the tool across the child welfare system for all children and families who come to the attention of any system partner.
- ◆ Training should be interactive, dynamic and on-going coaching to support the implementation.
- ◆ Developing policies or guidelines as to when assessments are required.
- ◆ Contracts and memorandum of understandings with agencies and partners should include use of the assessment tool and process.

***CASE PRACTICE WORKGROUP PRINICIPLES AND RECOMMENDATIONS  
FORMATTED INTO TEMPLATE***

**9. Issue:**

Too many children involved with the New Jersey child welfare system either wait too long or never find permanent homes.

Findings about how things work now:

- ◆ Realistic and early concurrent planning does not occur for most children.
- ◆ All staff and system partners are not trained in the skill set required to implement concurrent planning to develop permanency for children.
- ◆ Children are often placed with resource families or in congregate care situations that are not potential permanent homes or arrangements.
- ◆ The system does not consistently permit or encourage birth families and resource families to work together towards the permanency goal for child.
- ◆ Youth aging out of the system are not provided effective life skills training, educational or vocational planning, and transitional services.
- ◆ Services needed to achieve reunification with families of origin and to promote permanency are not effective and/or available in communities.

Proposed Direction – from Best Practices

- ◆ Placements, if necessary, should be with resource families that could serve as a permanent home for children in their communities.
- ◆ Implement policies and procedures across the system to support the family team decision making model, which would facilitate and require concurrent planning for permanency for every child.
- ◆ Resource families and birth families should work together as a team towards permanency for children.
- ◆ Develop targeted and rigorous recruitment efforts to identify resource families, particularly adoptive homes, to meet the needs of children in the system in their communities.

***CASE PRACTICE WORKGROUP PRINCIPLES AND RECOMMENDATIONS  
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- ◆ Develop and implement effective strategies and services to help adolescent youth become productive and responsible adults in their communities.
- ◆ Develop community-based services to promote reunification and permanency for children in their communities.

**Recommendation**

All children need real and feasible permanent homes in their communities that can be achieved through concurrent planning and service provision resulting in reunification with the family of origin or adoption in most, if not all, cases.

- ◆ Lead Responsibility: DHS/DYFS/ communities
- ◆ Target Date to complete: Attain federal standards for permanency CFSR measures - January 2006 (with regular intervals of improvement along the way)
- ◆ Data needed to monitor:
  - Number of children in out of home placements by type of placement
  - Number of children with concurrent plans developed
  - Number of children with court-approved goals of adoption within 12 months of placement
  - Number of children with resource families attending family team meetings
  - Number of children with terminated parental rights longer than 3, 6, 9 and 12 months or longer without a finalized adoption or some other permanent home/arrangement
  - Number of children reunified with their family of origin
  - Number of children adopted or kinship legal guardianship
- ◆ Resources needed:
  - ✓ Staffing – staff trained in: concurrent planning for permanency, facilitation of family team meetings, understanding the dynamics and helping to build a productive relationship between resource families and birth families
  - ✓ Services – community-based services to address obstacles to reunification and permanency, resource families that can provide permanent homes for children, adoption recruitment, facilitation of family team meetings, post-adoption supports
  - ✓ Information Technology – electronic case plan and record that provides and requires concurrent planning and a permanency tracking system



**CASE PRACTICE WORKGROUP PRINICIPLES AND RECOMMENDATIONS  
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- ◆ Identify legally enforceable items
  - ✓ Progress on and accomplishment of federally mandated permanency timelines

Major Strategies (***describe specific/concrete activities-actions***)

- ◆ Train staff on importance of and skills required for concurrent planning to promote permanency for children.
- ◆ Recruit and train resource families to provide permanent homes for children in identified communities of need.
- ◆ Develop policies and protocols that require decisions about placement and the placement process to be accomplished through family team meetings in planned manner.
- ◆ Develop real and effective post-adoption services to support children and families.
- ◆ Develop more aggressive strategies to identify, assess and train relatives and kin to provide permanent homes for children in their communities.
- ◆ Develop services needed to prepare aging out youth to become productive and responsible adults.

**10.      Issue:**

Current government structures and agencies use various case plans for different purposes for children and families.

Findings about how things work now:

- ◆ Every partner has a different policy and tool for case planning.
- ◆ Stated confidentiality concerns preclude sharing case plans and information about children and families.
- ◆ There is no standard for the development of a case plan across the system.

***CASE PRACTICE WORKGROUP PRINICIPLES AND RECOMMENDATIONS  
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- ◆ There is no coordination amongst system partners to integrate case planning.

**Proposed Direction – from Best Practices**

- ◆ Children and families are best served when there is one, uniform case plan developed with a family team approach that coordinates needs and services to prevent duplication.
- ◆ Case planning should be individualized and based upon a strengths and needs assessment.
- ◆ Case planning should be thoroughly updated by all system partners on a regular basis and implemented in a timely manner.
- ◆ Case planning requires participation in joint decision making and the family team meeting.

**Recommendation**

The system must develop and agree that there is one case plan for a child and family and that it must be developed through joint decision making and the family team approach.

- ◆ Lead Responsibility: DHS/DYFS
- ◆ Target Date to complete: January 2005
- ◆ Data needed to monitor:
  - Number of system partners involved with each family
  - Number of case plans for each family in 12 months
  - Number of case plans for each family developed during a family team meeting in 12 months
  - Number and type of participants in family team meetings for each family
- ◆ Resources needed:
  - ✓ Staffing – trained staff in assessments, joint decision making and family team approach
  - ✓ Services – facilitators, assessment services, case management services

***CASE PRACTICE WORKGROUP PRINCIPLES AND RECOMMENDATIONS  
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- ✓ Information Technology - One electronic case plan system that is accessible to all system partners, and integrates and addresses multiple purposes and needs
- ◆ Identify legally enforceable items
  - ✓ Compliance with federal and state privacy requirements (including obtaining necessary confidentially releases)

Major Strategies (***describe specific/concrete activities-actions***)

- ◆ Develop steering committee or work group that designs the case plan tool, confidentiality form and information sharing system.
- ◆ Identify and make any needed changes in statutes or regulations.
- ◆ Train staff and system partners on the use of the tool, joint decision making and family team approach.

***CASE PRACTICE WORKGROUP PRINCIPLES AND RECOMMENDATIONS  
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***PARKING LOT ISSUES – ISSUES THE GROUP FELT WERE IMPORTANT  
BUT NEED TO BE ADDRESSED FURTHER***

- ◆ Development of accessible and effective community-based resources and services to meet the needs of children and families.
- ◆ Recruitment, training and retention of resource families that can meet the needs of children and provide permanent homes.
- ◆ Caseload size standards.
- ◆ Maintaining successful adoption rates, particularly of special needs children, while changing the system.
- ◆ Increasing capacity of communities to provide preventive and front-end services.
- ◆ Facilitating a productive and positive relationship between families of origin and resource families.
- ◆ Ensuring that system partners, especially courts and schools, understand and accept their role as active and true partners in the prevention of child abuse and neglect by strengthening families.
- ◆ Balance between public and private systems, services and resources for children and families.
- ◆ Ensuring the political will to provide the necessary funding to implement this case practice model.
- ◆ Better working relationship and partnership between law enforcement, prosecutors and child protection investigators.

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- ◆ Coordination, authority and partnership amongst all entities in the child welfare system (physical and mental health, education, juvenile delinquency services, welfare, etc.)